CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DA	TE OF REPORT	Sheep-	ŕ	RCOMMITTEE		
()	1/1/14	Jac	cky	Cagle	·	
2.b. IF	COMMITTEE, NAME OF CANDIDATE		, .	. 0	3. ELECTION DATE	
					Nov.	4,2014
The second second	MPAIGN ADDRESS AND PHONE eet or Rural Route	City		State	Zip Code	Phone
	1809 Tombras A.		2:1.	Total	2ndia	
4.b. CA	1809 Tombras Au NDIDATE'S HOME ADDRESS (if differer	nt than 4.a.)	Liage	/ •/	3 1912	423-869-7118
Stre	eet or Rural Route	City		State	Zip Code	Phone
			-			
T-	FICE SOUGHT (include district number,		6. NAM		TREASURER (may be	candidate)
	st Ridge City Cou	-nci/		DONNA	Cagle	
7. CA	TEGORY OR REPORT (Check one)			П		
	FIRST SECOND THIRD	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
	JARTER QUARTER QUARTER GINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY 8.b. ENDI	GENERAL NG DATE OF REPO	SUPPLEMENTAL PRTING PERIOD	SUPPLEMENTAL
	april 1, 2014					
9. (Che	ck one)		- 	une 3	0, 2014	
a.	This campaign is exempt from detail	ad diaplacus bassu				
a.	This campaign is exempt from detailed tures total \$1,000 or less for this representation.	ed disclosure becau orting period. (Com	se contribution plete items 1	ins (including in-ki 2d., 12e, and 12f.)	nd) received total \$1,00	0 or less AND expendi-
h	ſ					
J	This campaign is required to file a de and/or expenditures total more than	stalled financial disci \$1,000 for this repor	losure becau rting period.	se contributions (ir	ncluding in-kind) receive	d total more than \$1,000
				79		The same of the sa
10. 1/4	ve do solemnly swear or affirm that the i	nformation containe	d in this cam	paign financial dis	sclosure report is true a	nd that this report is an
ac ac	curate accounting of campaign contributi	ons and expenditure	es required to	be reported by the	e candidate committee	by the Campaign
be	nancial Disclosure Act. Additionally, I/we enefit of the candidate or for any other no	npolitical purpose as	s defined by t	n contributions na he federal interna	ve been expended for th I revenue code.	ne personal financial
0	10 4			Λ	Λ	
1	Jest Carry	7-2-15		Donn	a Caele	7/2/14
0	signature of candidate	date		signature of	of political treasurer	datte
11. WI	TNESS SIGNATURE					
lin	der de Louis Voiche	7/11/14	1	Steven	nell	1 111
-00/0	signature of witness	date		z www.	H. avellaa	4 1-1-14
	0			signa	dure of witness	date
12. SU	MMARY					
	DALANCE ON HANDLAST PERSON				-0 -	
a.	BALANCE ON HAND LAST REPORT	••••••	•••••••••••		\$	
b.	TOTAL RECEIPTS THIS PERIOD				s 2503.0 km	
					•	
C.	TOTAL DISBURSEMENTS THIS PERIOD	к	••••••		\$ 2265.16	
d.	BALANCE ON HAND (12.a. plus 12.b.					250.00
<u> </u>						
e.	TOTAL LOANS OUTSTANDING				_	2263 11
-	TOTAL LOANS OUTSTANDING				\$	
f.	TOTAL OBLIGATIONS OF ITSTANDING				_	2263.16
1		•••••••	••••••		\$	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER				
Jacky Cagle	FROM: 4/1/14	TO: 6/30/14						
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	ONS FRO	M PRECEDING PAG	E (enter \$0 if first itemized p	, who are				
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)								
First Name Dwayne Dwayne	Middle Name		Contribution Received For:	Amount of Contribution				
Last Name/Organization/Name		-	Primary Election	General Election	ж.			
Hale				#200.00				
Address 1138 Standife	r Ga	p Kd.	Runoff (Local Election					
City Chaff	State In.	Zip Code	Date of Contribution	Aggregate This Election				
Occupation			June 20					
Employer C 5 C 5	,		0					
Self Employe	d.							
First Name Alvia	Middle Nam	e T	Contribution Received Fo	r.	Amount of Contribution			
Last Name/Organization Name		, t	☐ Primary Election [General Election	\$50.00			
Address	- 6) ,	Runoff (Local Election	ons Only)	* 30.00			
City C I #	State	Zip Code	Date of Contribution	Aggregate This Election				
Occupation	In.	L						
			June 2					
Retired			0					
First Name	e	Contribution Received Fo	r.	Amount of Contribution				
Last Name/Organization Name			Primary Election	General Election				
Address			Runoff (Local Election					
Ch.	10	Tara		,,				
City	State	Zip Code	Date of Contribution		Aggregate This Election			
Occupation								
Employer			-					
First Name	ne	Contribution Received For	Amount of Contribution					
Last Name/Organization Name			☐ Primary Election	,				
Address			Runoff (Local Electi					
City	Zip Code	Date of Contribution	Aggregate This Election					
Cocupation			1					
Employer			-					
5. TOTAL ITEMIZED CONTRIBUTIONS								

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVER	TO: / /						
Jacky Cag	Amount 4							
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU								
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)								
First Name	Middle Nar	me	Purpose of Expenditure	2 1	Amount of Expenditure			
Last Name/Business Name Best Way Printi	n.G		Signs, Card	s, Decals	A			
Address P.O. BOX 9943	Ů		Post Card	nanouts	#2,163.16			
City East Ridge	State In.	Zip Code 37 41 2	•					
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name East Ridge Mercha	nt A	socition	libertyles	st.	Å.			
Address			Libertyfes Boot	١.	100.00			
City East Ridge	State Tn.	Zip Code 314/2	15001					
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
•		*		* *				
First Name	Middle Nam	ie	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address				¥				
City	Zip Code							
First Name	Middle Nam		Dumana of Funanditus		A STATE OF THE STA			
Filstivanie	Middle Nam	le	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	е	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name								
Address								
City	State	Zip Code						
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if additional pages (If this is the last page of expenditures, this amount must	2263.16							

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE 2. REPORT COVERING THE PERIOD							THE PERIOD				
Jacky Cagle FROM: TO: 6/30/14							0/30/14				
3. COMPLETE THE APPROPRIATE ITEMS F	3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan											
First Name Middle Nam Jacky L.	е		Outstanding L (Beginning of		Loans Receiv		Loan		Outs		g Loan Balance of Period)
Last Name/Organization Name			33	3.16	\$226	3.16	-0 - 2263.16			3.16	
Address			Loan Receive	ed For: Date of Loan							
1809 Tombras Ave Primary City East Ridge Tn. 314/1 Runoff				Election Local Elections	Genera Only)	al Election		5/1	5/1	4	
List All Endors		,				ed please att	tach a g				
First Name	Middle Name		•	First Name		,		- J.,	Middle	Name	·
Last Name/Organization Name				Last Name/Or	ganization Na	ame					
Address				Address							
City	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	anteed Outstar	nding					
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City	State	Zip Co	ode	City					State		Zip Code
Amount Guaranteed Outstanding				Amount Guara	inteed Outstai	nding					
First Name Middle Name				First Name					Middle	e Name)
Last Name/Organization Name				Last Name/Or	ganization Na	me					
Address				Address		-					
City State Zip Co			ode	City		State Zip Code			Zip Code		
Amount Guaranteed Outstanding				Amount Guara	inteed Outstar	nding					
First Name Middle Name				First Name Middle Name							
Last Name/Organization Name				Last Name/Organization Name							
Address				Address							
City State Zip Code				City State Zip Code					Zip Code		
Amount Guaranteed Outstanding				Amount Guara	nteed Outstar	nding					
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				Outstanding L (Beginning		Loans Receive	- 1	Loan Payme			tanding Loan Balance (End of Period)

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
Jacky Cagle		111				
3. COMPLETE THE APPROPRIATE ITEMS FOR OBLIGATION (obligations totaling more than	Outstanding Balance	Debt Incurred	Payments	Outstanding Balance		
person/vendor at the end of the reporting p		ed to any	(Beginning of Period)	This Period	This Period	(End of Period)
First Name	Middle Nar	no				
Jacky	L	ne .				
Last Name/Business Name				8001211	0 -	\$ 126311
Address				2263.16	-0	7540.16
City P 21	Totalo	Zip Code	1			
East Ridge	State 7n.	314/2	2			
Description of Obligation	. ~					-
First Name	Middle Nar	ne				
Last Name/Business Name			-			
						-
Address			1			
City	State	Zip Code	†			
Description of Obligation					S	
First Name	Middle Nan	ne				
Last Name/Business Name			-			
CONTROL CONTROL AND CONTROL CO						
Address						
City	State	Zip Code	1			
Description of Obligation						
First Name	Middle Nan	ne				
Last Name/Business Name			1		- "	
Address						
City	State	Zip Code]			-
Description of Obligation		1	1	1		
First Name						
Last Name/Business Name		1				
Address		1				
City City 75 Code						
City	ty State Zip Code					
Description of Obligation		•	•			
4. TOTALS	2		781.79.19	1115-1-		
4. TOTALS (Total from Outstanding Balance - (End of Period) of	column must	also be shown				
in item 23b. on summary page.)						_